

6. Coordination of Benefits Records**COB - I/O RECORDS****RECORD TYPE 02 - ADDITIONAL COB INFORMATION****\*\*\*\* MANDATORY RECORD - FOR COB \*\*\*\***

- o This record used for additional COB information.
- o This record can also be used for single or multiple chain Provider Chain Identification occurrences.
- o Must follow RT 01 or 98.
- o Must be followed by RT 10.

FIELD NO.	FIELD NAME	FIELD		SPECIFI- CATION	POSITION	
		PICTURE			FROM THRU	
					N1 1	
	Record Type >02'	XX	L	1	2	
N2	2	Provider Chain ID, TAX, or EIN#	X(6)	L	3	8
	3	Provider Chain Sub ID	X(5)	L	9	13
	4	Filler - (National Use)	X(5)		14	18
	5	Provider Chain Name (sender)	X(25)	L	19	43
	6	Provider Chain Address	X(25)	L	44	68
	7	Provider Chain City	X(14)	L	69	82
	8	Provider Chain State	X(2)	L	83	84
	9	Provider Chain Zip Code	X(9)	L	85	93
	10	Billing Cycle Century (CCYYMMDD)	9(8)	R	94	101
	11	Application Version	X(6)	L	102	107
	12	Data Indicator	X		108	108
	13	Intermediary Number	9(10)	R	109	118
N3	14	COB Identification	X(4)	L	119	122
	15	Filler - (National Use)	X		123	123
N4	16	Process Date This File Covers (From Date - CCYYMMDD)	9(8)	R	124	131
N4	17	Process Date This File Covers (Thru Date - CCYYMMDD)	9(8)	R	132	139
	18	Filler - (National Use)	X(26)		140	165
	19	Filler - (State Use)	X(27)		166	192

**N1 NOTE: Need to create at least 1 RT02 for each file.**

**N2 NOTE: Do not complete FL 2 - 9 when there is no Chain provider present. FL 10-17 are MANDATORY. If Tax ID is longer than 6 spaces, use FL 3.**

**N3 NOTE: COB Identification - ACOBA@**

**N4 NOTE: Process Date is From and Through Dates from Remittance Advice.**



**CLAIM CHANGE REASON CODE****RECORD TYPE 42****\*\*\*\*\* OPTIONAL RECORD \*\*\*\*\***

- o Sequence number represents the number of iterations of RT 42.
- o This is a new record that follows the reason code structure of the ASC X12N 835 Remittance/Payment Transaction Set.
- o May follow RT 40 or RT 41 or RT 42.
- o May be followed by RT 42 or RT 50 or RT 60 or RT 61.
- o Payer Sequence 01 represents the primary payer, Payer Sequence 02 represents the secondary payer, and Payer Sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	FIELD PICTURE CATION	SPECIFI- CATION	POSITION	
				FROM	THRU
1	Record Type >42'	X(2)	L	1	2
2	Sequence Number	9(2)	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Group Code	X(2)	L	27	28
6	Reason Code - 1	X(3)	L	29	31
7	Adjustment Amount - 1	S9(7)V99	R	32	40
8	Adjustment Quantity - 1	S9(5)	R	41	45
9	Reason Code - 2	X(3)	L	46	48
10	Adjustment Amount - 2	S9(7)V99	R	49	57
11	Adjustment Quantity - 2	S9(5)	R	58	62
12	Reason Code - 3	X(3)	L	63	65
13	Adjustment Amount - 3	S9(7)V99	R	66	74
14	Adjustment Quantity - 3	S9(5)	R	75	79
15	Reason Code - 4	X(3)	L	80	82
16	Adjustment Amount - 4	S9(7)V99	R	83	91
17	Adjustment Quantity - 4	S9(5)	R	92	96
18	Reason Code - 5	X(3)	L	97	99
19	Adjustment Amount - 5	S9(7)V99	R	100	108
20	Adjustment Quantity - 5	S9(5)	R	109	113
21	Reason Code - 6	X(3)	L	114	116
22	Adjustment Amount - 6	S9(7)V99	R	117	125
23	Adjustment Quantity - 6	S9(5)	R	126	130

**CLAIM CHANGE REASON CODE (cont.)****RECORD TYPE 42****\*\*\*\*\*OPTIONAL RECORD\*\*\*\*\***

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI- CATION	POSITION	
				FROM	THRU
24	MIA/MOA Remark Code-1	X(5)	L	131	135
25	MIA/MOA Remark Code-2	X(5)	L	136	140
26	MIA/MOA Remark Code-3	X(5)	L	141	145
27	MIA/MOA Remark Code-4	X(5)	L	146	150
28	MIA/MOA Remark Code-5	X(5)	L	151	155
29	Filler (National Use)	X(37)		156	192

Comment: This is a payer generated Record Type and is not created by the provider.

**NOTE: Mandatory for Medicare if ASC X12N 835 Remittance Reason Codes used in claims processing. Reason code values and amounts should be the same as those applied to the ANSI ASC X12N 835 Remittance.**



**IP ACCOMMODATIONS LINE ITEM REMARKS CODES****RECORD TYPE 51****\*\*\*\*\*MANDATORY IF LINE LEVEL REMARKS CODES ARE PRESENT\*\*\*\*\***

- o May follow RT 50, RT 51, or RT 52.
- o May be followed by RT 50, RT 51, RT 52, RT 60, or RT 70.
- o RT 51 should use the same sequence number as the corresponding RT 50.
- o The sequence number for RT 51 can go from 001 to 999.
- o The payer sequence ? 01' would represent the Primary Payer, payer sequence ? 02' would represent the Secondary Payer, and payer sequence ? 03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the four occurrences of revenue code on RT 50 is being referenced. Valid values are 1 through 4.
- o The COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 51's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '51'	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Accommodation Revenue Code	9(4)	R	28	31
6	Remarks Code 1	X(4)	L	32	35
7	Remarks Code 2	X(4)	L	36	39
8	Remarks Code 3	X(4)	L	40	43
9	Remarks Code 4	X(4)	L	44	47
10	Remarks Code 5	X(4)	L	48	51
11	Remarks Code 6	X(4)	L	52	55
12	Remarks Code 7	X(4)	L	56	59
13	Remarks Code 8	X(4)	L	60	63
14	Remarks Code 9	X(4)	L	64	67
15	Remarks Code 10	X(4)	L	68	71
16	Revenue Code Sequence	9	R	72	72
17	COB Record Type Sequence	9	R	73	73
18	Filler (National Use)	X(119)		74	192

**INPATIENT ACCOMMODATION REASON CODES****RECORD TYPE 52****\*\*\*\*\*MANDATORY IF LINE LEVEL REASON CODES ARE PRESENT\*\*\*\*\***

- o May follow RT 50, RT 51, or RT 52.
- o May be followed by RT 50, RT 52, RT 60, or RT 70.
- o Use RT 52 for IP accommodations
- o RT 52 should use the same sequence number as the corresponding RT 50.
- o The sequence number for RT 52 can go from 001 to 999.
- o The payer sequence '01' would represent the Primary Payer, payer Sequence '02' would represent the Secondary Payer, and payer sequence '03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the four occurrences of the revenue code on RT 50 is being referenced. Valid values are 1 through 4.
- o COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 52's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type 52	XX	L	1	
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	L	28	31
6	Group Code	X(2)	L	32	33
7	Reason Code 1	X(3)	L	34	36
8	Adjustment Amount 1	9(7)V99S	R	37	45
9	Adjustment Quantity 1	9(5)S	R	46	50
10	Reason Code 2	X(3)	L	51	53
11	Adjustment Amount 2	9(7)V99S	R	54	62
12	Adjustment Quantity 2	9(5)S	R	63	67
13	Reason Code 3	X(3)	L	68	70
14	Adjustment Amount 3	9(7)V99S	R	71	79
15	Adjustment Quantity 3	9(5)S	R	80	84
16	Reason Code 4	X(3)	L	85	87
17	Adjustment Amount 4	9(7)V99S	R	88	96
18	Adjustment Quantity 4	9(5)S	R	97	101
19	Reason Code 5	X(3)	L	102	104
20	Adjustment Amount 5	9(7)V99S	R	105	113
21	Adjustment Quantity 5	9(5)S	R	114	118
22	Reason Code 6	X(3)	L	119	121
23	Adjustment Amount 6	9(7)V99S	R	122	130
24	Adjustment Quantity 6	9(5)S	R	131	135
25	Revenue Code Sequence	9	R	136	136
26	COB Record Type Sequence	9	R	137	137
27	Filler (National Use)	X(55)		138	192



**ANCILLARY OR OP ITEM REMARKS CODES****RECORD TYPE 62**

- o May follow RT 60, RT 61, RT 62, or RT 63.
- o May be followed by RT 60, RT 61, RT 62, RT 63, or RT 70.
- o RT 62 should use the same sequence as the corresponding RT 60 or RT 61.
- o The sequence number for RT 62 can go from 001 to 999.
- o The payer sequence ? 01' would represent the Primary Payer, payer sequence ? 02' would represent the Secondary Payer, and payer sequence ? 03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the three occurrences of the revenue code on RT 60 or 61 is being referenced. Valid values are 1 through 3.
- o COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 62's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '62'	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	R	28	31
6	Remarks Code 1	X(4)	L	32	35
7	Remarks Code 2	X(4)	L	36	39
8	Remarks Code 3	X(4)	L	40	43
9	Remarks Code 4	X(4)	L	44	47
10	Remarks Code 5	X(4)	L	48	51
11	Remarks Code 6	X(4)	L	52	55
12	Remarks Code 7	X(4)	L	56	59
13	Remarks Code 8	X(4)	L	60	63
14	Remarks Code 9	X(4)	L	64	67
15	Remarks Code 10	X(4)	L	68	71
16	Revenue Code Sequence	9	R	72	72
17	COB Record Type Sequence	9	R	73	73
18	Filler (National Use)	X(119)		74	192

**ANCILLARY OR OP REASON CODES****RECORD TYPE 63****\*\*\*\*\*MANDATORY RECORD IF LINE LEVEL REASON CODES ARE PRESENT\*\*\*\*\***

- o May follow RT 60, RT 61, RT 62 or RT 63.
- o Use RT 63 for IP ancillary or OP line level reason codes.
- o RT 63 should use the same sequence number as the corresponding RT 60 or 61.
- o The sequence number for RT 63 can go from 001 to 999.
- o The payer sequence ? 01' would represent the Primary payer, payer sequence ? 02' would represent the Secondary payer, and payer sequence ? 03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the three occurrences of revenue code on RT 60 or 61 is being referenced. Valid values are 1 through 3.
- o COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 63's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type 63	XX	L	1	
2					
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	R	28	31
6	Group Code	X(2)	L	32	33
7	Reason Code 1	X(3)	L	34	36
8	Adjustment Amount 1	9(7)V99S	R	37	45
9	Adjustment Quantity 1	9(5)S	R	46	50
10	Reason Code 2	X(3)	L	51	53
11	Adjustment Amount 2	9(7)V99S	R	54	62
12	Adjustment Quantity 2	9(5)S	R	63	67
13	Reason Code 3	X(3)	L	68	70
14	Adjustment Amount 3	9(7)V99S	R	71	79
15	Adjustment Quantity 3	9(5)S	R	80	84
16	Reason Code 4	X(3)	L	85	87
17	Adjustment Amount 4	9(7)V99S	R	88	96
18	Adjustment Quantity 4	9(5)S	R	97	101
19	Reason Code 5	X(3)	L	102	104
20	Adjustment Amount 5	9(7)V99S	R	105	113
21	Adjustment Quantity 5	9(5)S	R	114	118
22	Reason Code 6	X(3)	L	119	121
23	Adjustment Amount 6	9(7)V99S	R	122	130
24	Adjustment Quantity 6	9(5)S	R	131	135
25	Revenue Code Sequence	9	R	136	136
26	COB Record Type Sequence	9	R	137	137
27	Filler (National Use)	X(55)		138	192

## CLAIM CONTROL TOTALS

### RECORD TYPE 92

#### \*\*\* MANDATORY RECORD \*\*\*

- o May follow RT 90, RT 91 or RT 92.
- o May be followed by RT 20, 92, 93 or RT 95
- o This Record Type is used ONLY for OUT Bound COB Bills
- o If there is an Inpatient DRG bill, RT 51 and 61 will not be present because the DRG amount paid is at a claim level, rather than at an individual revenue code level.
- o Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '92'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
N1 4	Current DCN/ICN	X(23)	L	25	47
5	Filler - (National Use)	X(6)		48	53
N2 6	Total Submitted Charges	9(8)V99S	R	54	63
N3 7	Total Non-covered Charges	9(8)V99S	R	64	73
8	Total Charges Allowed	9(8)V99S	R	74	83
9	Total Medicare Reimbursement	9(8)V99S	R	84	93
10	Total Amount Medicare Paid Provider	9(8)V99S	R	94	103
11	Total Amount Paid Beneficiary	9(8)V99S	R	104	113
N4 12	Total Medicare Days Utilized	9(4)	R	114	117
13	DRG/APC Assigned via Grouper	999	R 118	120	
14	DRG/APC Amount Applied via Pricer	9(8)V99S	R	121	130
15	DRG Outlier Amount	9(8)V99S	R	131	140
16	Total Denied Charges	9(8)V99S	R	141	150
17	Cost Report Days	999S	R	151	153
18	Lifetime Psychiatric Days	999S	R	154	156
N5 19	Claim Status	XX	L	157	158
20	Reimbursement Rate (%)	9(4)V999	R	159	165
21	Claim Paid Date (CCYYMMDD)	9(8)	R	166	173
22	Filler (National Use)	X(19)		174	192

N1 NOTE: This is the claim ICN/DCN currently being processed.

N2 NOTE: Sum of RT 90 FL 13/15

N3 NOTE: Sum of RT 90 FL 14/16

N4 NOTE: Same as RT 30 FL 20-covered days

N5 NOTE: Claim Status Codes-Refer to ANSI X12 codes.

**CLAIM CONTROL TOTALS****RECORD TYPE 93****\*\*\* OPTIONAL RECORD \*\*\***

- o Must be preceded by RT 92.
- o May be followed by RT 20 or RT 93 or RT 95.
- o This Record Type is used ONLY for OUT Bound COB Bills.
- o If there is an Inpatient DRG bill, RT 51 or 62 will not be present because the DRG amount paid is at a claim level, rather than at an individual revenue code level.
- o Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI- CATION	POSITION	
				FROM	THRU
1	Record Type >93'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Allowed Charges Medicare Paid at 100%	9(8)V99S	R	25	34
5	Allowed Charges Medicare Paid at 80%	9(8)V99S	R	35	44
6	Paid From Part A Medicare Trust Fund	9(8)V99S	R	45	54
7	Paid From Part B Medicare Trust Fund	9(8)V99S	R	55	64
8	Filler - (National Use)	X(128)		65	192

**PROVIDER CHAIN CONTROL****RECORD TYPE 98**

**\*\*\*OPTIONAL RECORD\*\*\***

o May be followed by RT 02 or RT 99.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
N1	1	Record Type >98'	XX	L	1 2
	2	Filler - (National Use)	9(10)		3 12
	3	Provider Chain ID	X(6)	L	13 18
	4	Provider Chain Sub-ID	X(5)	L	19 23
	5	Filler - (Local Use)	X		24 24
	6	Total Number of Provider Chain Claims	9(6)	R	25 30
	7	Filler - (National Use)	X(6)		31 36
	8	Accommodations Total Charges for the Provider Chain	9(10)V99S	R	37 48
	9	Accommodations Noncovered Charges for Provider Chain	9(10)V99S	R	49 60
	10	Ancillary Total Charges for Provider Chain	9(10)V99S	R	61 72
	11	Ancillary Noncovered Charges for Provider Chain	9(10)V99S	R	73 84
N2	12	Total Charges for Provider Chain	9(10)V99S	R	85 96
N3	13	Total Noncovered Charges for Provider Chain	9(10)V99S	R	97 108
	14	Reserved for Future Use	X(12)	L	109 120
	15	Filler - (National Use)	X(18)		121 138
	16	Filler - (Local Use)	X(54)		139 192

N1 NOTE: Chain Provider is Mandatory. Must be the same as RT 02, FL 02 and FL 03.

N2 NOTE: Total Charges are the sum of FL 08 and FL 10.

N3 NOTE: Total Noncovered Charges are the sum of FL 09 and FL 11.